CDC 1008 (Rev 3/95)

INMATE / PAROLEE APPEALS QUARTERLY REPORT

NAME OF INSTITUTION/ PAROLE REGION CO						CONTACT PERSON TELEPHONE NUMBER															
FISCAL YEAR REPORTING MONTH thru MONTH						QUAR	QUARTER REPORTING: 1st 2nd									3rd 4th					
NUMBER OF APPEALS RECE																_					
A. NUMBER OF A	APPEALS IN	PROC	CESS A	T STA	RT OF	THE Q	UART	ER	•••••	••••••	•••••	•••••	,+			_					
B. NUMBER OF A	PPEALS SC	REEN	ED OU	T AND	RETU	RNED	TO IN	MATE/	PAROL	EE	•••••	•••••	<u>—</u> ————			_					
C. NUMBER OF APPEALS FILED AND ASSIGNED DURING THE QUARTER																					
D. NUMBER OF A	APPEALS CO	OMPLE	TED D	URING	THE (QUART	ΓER (T	otal 1,2	,3, and	5)	•••••	•••••				_					
E. NUMBER OF A	APPEALS IN	PROC	ESS A	Т ТНЕ	END C	OF THE	E QUAI	RTER	•••••	•••••	•••••	•••••	•			_					
		1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.			17.	18.
TYPES OF APPEALS COMPLETED	TOTAL	DISCIPLINARY	CUSTODY/CLASS	MAIL	VISITING	PROPERTY	CASE INFO./RECORDS	COMPLAINTS RE: STAFF	MEDICAL	LIVING CONDITIONS	LEGAL	PROGRAM	SEGREGATION	WORK INCENTIVE	RE-ENTRY	TRANSFER	FUNDS			OTHER	ADA
1. ACTION GRANTED																					
2. ACTION PARTIALLY GRAN	NTED																				
3. ACTION DENIED																					
TOTAL																					
4. GRANT RATE (1 + 2 + above total)																					
5. OTHER DISPOSITIONS (Withdrawn, etc.)																					